



Communities That Care

Key Leader Orientation

Next Steps

Trainer's Guide
(60 minutes)

Module 6

Slides for Module 6

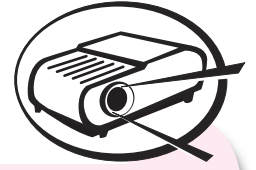
Module 6	6-1
Phase Two: Organizing, Introducing, Involving	6-2
Module 6 goal	6-3
Objectives	6-4
Milestone 1-3: Identify community readiness issues	6-5
.....	6-6
Key Leaders	6-7
Build a Community Board	6-8
Community Board training events.....	6-9
Recruiting Community Board members	6-10
Next steps	6-11
Thought for the day	6-12



Mouse-Click Icon

(for a computer-based presentation)

The mouse-click icon shows you what information will come up on the slide when you click. (Some slides use several clicks.)



Slide 6-1

Notes



Slide 6-2

Review slide 6-2.



Slide 6-3

Module 6 goal

Communities That Care

Plan the next steps in the
Communities That Care process.



Review the slide.

Notes

Objectives

Communities That Care

1. Assess outstanding community readiness issues.
2. Identify other community leaders to involve.
3. Create a plan for establishing a Community Board.
4. Develop an action plan and time line for the next steps in the *Communities That Care* process.



Slide 6-4

Notes

Review the slide.

Activity (optional)

Seven-up

Time: 5 minutes

Explain that you are going to yell “seven-up” and that each time you do you want seven, and only seven, people to be standing. Yell “seven-up.” As soon as that group is up, yell it again. Continue until confusion prevails. Call “stop” and ask that everyone be seated. Ask what the problem was with this simple activity.

“Lack of planning” is a likely answer. Ask participants if they could have been more successful if they were allowed to plan how they would respond as a group.

Explain that this final module is about planning—a key to the effort’s success.



Slide 6-5

Notes

Milestone 1-3: Identify community readiness issues

Communities That Care

- Agreement on issues
- Common definition of “prevention”
- Support for a risk- and protection-focused approach



Objective 1: Assess outstanding community readiness issues.

Readiness issues are factors in a community that can act as barriers to the implementation of the Communities That Care system.

In some communities, dealing with readiness is a straightforward process. In others, it takes a considerable amount of time. But in either case, assessing and addressing readiness issues is a crucial step in the early stages of the process.

Some readiness issues were addressed during Phase One. It's your responsibility as Key Leaders to identify and address any outstanding readiness issues.

Review each item as you click it onto the screen.



Ensure agreement on issues to be addressed. Community members will differ in their awareness and interpretation of the issues and problems facing the community. In some communities drugs may be a major issue, while in others crime or teen pregnancy may receive the most attention. This may also be true within different areas of the same community.

When communities have divergent views on a problem, it may be necessary to delay the prevention effort until there is more agreement. The Communities That Care system can help build agreement by connecting issues through the prevention-science framework.

Ensure that community-wide support exists for a prevention approach that is:

- Community members need to agree that the risk- and protection-focused approach provides a sound theoretical framework that can be translated into action. They need to agree that it's possible to address their community's problems with research-based solutions. If community members do not agree, apathy, lack of support or conflict among individuals and organizations can cause the effort to stumble.*



Slide 6-6

Notes

Milestone 1-3: Identify community readiness issues

Communities That Care

- School district support for the *Communities That Care*® Youth Survey
- Willingness to collaborate
- Coordination among existing initiatives
- Involvement of stakeholder groups



Objective 1: Assess outstanding community readiness issues.

Phase One identifies additional readiness issues.

Review each item as you click it onto the screen.



Obtain school district support for Communities That Care® Youth Survey. Administer the survey as early in the Communities That Care planning process as possible. Having the most current and complete set of data possible gives communities the clearest possible picture of their needs and strengths.

The following steps must be taken to successfully administer the Communities That Care® Youth Survey:

- *Secure superintendent permission to conduct the survey.*
- *Secure building-level permission to conduct the survey.*
- *Mail consent forms to parents.*
- *Arrange for administration of the survey.*
- *Administer the survey.*
- *Distribute the survey report to appropriate Community Board work-group members and other individuals involved in the prioritization process, for review.*



6—9

Readiness Issue Assessment

Issue:

Why is this an issue in the community?

How does this issue surface in the community?

What people, organizations and conditions are natural allies in addressing this issue?

What can be done to engage allies in addressing this issue?

Who or what could keep our community from successfully addressing this issue?

What can be done to overcome any roadblock(s) in addressing this issue?

How could I help with this issue?

How could the Key Leader Board help with this issue?

What is our plan for dealing with this issue?

Key Leaders

- Positional
- Informal

Communities That Care



Slide 6-7

Notes

Objective 2: Identify other community leaders to involve.

As we've discussed, *Key Leaders* are those individuals in a community who control resources, impact policy and influence public opinion. Key Leaders generally fall into one of two categories.

- *Positional Key Leaders* hold formal positions of power or influence (for example, the mayor, the chief of police and the superintendent of schools).
- *Informal Key Leaders* are well-respected community members who are viewed as leaders by individuals or community groups. They do not necessarily hold formal leadership positions.

You have taken the first step in this important phase of the Communities That Care process by being here today and supporting the effort. But it is likely that there are people missing from this group whose support as Key Leaders is critical to success.

Now we'll take a few minutes to develop an action plan to get new Key Leaders on board as Communities That Care proponents and supporters.

Notes

Activity

Recruiting Key Leaders

Time: 15 minutes

Allow participants 5 minutes to work in teams at their tables to complete the Identifying Potential Key Leaders worksheet. Participants should list Key Leaders already involved from each community area, and then brainstorm Key Leaders from areas not represented.

Then, as a group, take about 10 minutes to create a plan for involving the prospective Key Leaders, using the Recruiting Key Leaders worksheet. Be sure to discuss:

- the methods that will be used to contact prospective Key Leaders
- whether the prospective Key Leaders will be asked to commit to being involved in the *Communities That Care* effort during the first contact
- any other necessary steps, such as arranging for an informational meeting or obtaining copies of *Investing in Your Community's Youth: An Introduction to the Communities That Care System* to distribute to new Key Leaders.

Record the group's decisions on an easel page. Participants can record decisions on the worksheet in their guides.

Identifying Potential Key Leaders

Government		Religion	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
Law Enforcement/Justice System		Social Services	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
Business		Culture/Diversity	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
Education		Other (such as health or media)	
1.		1.	
2.		2.	
3.		3.	
4.		4.	

Recruiting Key Leaders

Prospective Key Leader	Who will contact?	How?	By when?

Communities That Care



Slide 6-8

- *learn about the Communities That Care research foundation and five-phase planning process*
- *create a plan for addressing any remaining readiness issues*
- *identify ways to educate and involve community members, youth and new Key Leaders*
- *begin to develop a community vision statement*
- *determine an effective Community Board structure, including work-group assignments.*



Slide 6-9

Notes

Community Board training events

Communities That Care

Phase Two	• Community Board Orientation
Phase Three	• Community Assessment Training • Community Resources Assessment Training
Phase Four	• Community Planning Training
Phase Five	• Community Plan Implementation Training

Objective 3: Create a plan for establishing a Community Board.

Community Board members play a number of roles in the Communities That Care process. There is a detailed list of the Community Board's responsibilities on page 6—15 of your Participant's Guide.

Several training events help the Community Board build its capacity to fulfill these responsibilities.

Review the slide.

At the Community Board Orientation, board members will learn about the prevention-science research base and the Communities That Care system. They will prepare to develop a community vision; to address outstanding readiness issues; and to involve new Community Board members, Key Leaders and other community members. Finally, board members will create the work groups that will carry out the major tasks of the Communities That Care process.

Phase Three: Developing a Community Profile will include two training events—the Community Assessment Training and the Community Resources Assessment Training. The Community Assessment Training will prepare members of the Risk- and Protective-Factor Assessment work group to conduct a thorough assessment of the community's risk and protective factors. The Community Resources Assessment Training will prepare members of the Resources Assessment and Evaluation work group to identify resources available to support the Communities That Care effort.

Phase Four: Creating a Community Action Plan will include the Community Planning Training. This training will prepare work-group members to develop the Community Action Plan.

Phase Five: Implementing and Evaluating the Community Action Plan will include the Community Plan Implementation Training. This training will prepare Community Board members to implement and evaluate programs, policies and practices.

Recruiting Community Board members

Communities That Care

“Why is this worth my time and effort?”



Slide 6-10

Notes

Objective 3: Create a plan for establishing a Community Board.

A common question for prospective Community Board members to consider is “Why is this worth my time and effort?” A prospective Community Board member will often want to know how the time and effort he or she will invest will benefit his or her organization—and the community. Anticipating this concern is an essential part of getting new community members involved in the Communities That Care effort.

Prospective Community Board members may have objections to involvement—they may say they are too busy to attend more meetings, or they may be skeptical of a risk- and protection-focused approach to prevention. Identifying the unique benefits that the Communities That Care system offers to each sector of the community can make it easier to overcome such objections, by helping to answer the question “Why is this worth my time and effort?”

We’re going to take the first step toward establishing a Community Board—by identifying potential board members and creating a plan to recruit them.

Activity

Identifying and recruiting Community Board members

Time: 15 minutes

Have participants take 5 minutes to work in teams at their tables to complete the Identifying Potential Community Board Members worksheet. Tell participants that, as they brainstorm prospective board members, they should consider how they can help each one answer the question, “Why is this worth my time and effort?”

Then, as a group, take 10 minutes to complete the Recruiting Community Board Members worksheet. Ask participants for a commitment to the plan that they develop.

Identifying Potential Community Board Members

Government		Religion	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
Law Enforcement/Justice System		Social Services	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
Business		Culture/Diversity	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
Education		Other (such as health or media)	
1.		1.	
2.		2.	
3.		3.	
4.		4.	

Recruiting Community Board Members

Prospective Community Board member	Who will contact?	How?	By when?



Slide 6-11

Notes

Next steps

Communities That Care

- Address outstanding readiness issues.
- Secure planning resources.
- Recruit additional Key Leaders (if necessary) and establish a Key Leader Board structure.
- Recruit Community Board members and conduct the Community Board Orientation.

Objective 4: Develop an action plan and time line for the next steps in the *Communities That Care* process.

Activity

Planning the next steps

Time: 20 minutes

As a group, use the Next Steps worksheet on the following page to create a plan to complete the following tasks:

- address outstanding readiness issues, including support for the *Communities That Care Youth Survey*
- secure planning resources (such as funding for a Coordinator/Facilitator)
- recruit additional Key Leaders (if necessary) and establish a Key Leader Board structure
- recruit Community Board members and hold the Community Board Orientation.

Work with participants to identify any other necessary steps. Include these steps in the plan.

Then, use the Next Steps: Time Line worksheet to set preliminary dates for the major tasks and events.

Remind participants that some steps may need more research before they can be fully planned, and that this plan is a working document that may require revision as the community moves forward.

Next Steps

Task	Resources needed	Barriers/Issues to resolve

Next Steps: Time Line

[illegible]

Thought for the day

Communities That Care

“Never doubt that a small group of thoughtful, committed citizens can change the world.”

Margaret Mead



Slide 6-12

Notes

Wrap-up

Developing a community that promotes positive and healthy development for all of its young people may at first seem like an enormous task. But now you've seen how to break this tall order into realistic steps. You've seen how you can use a rigorous, scientific research base to make positive and healthy development a reality. It all starts with your commitment and continued contributions to the effort.

Activity

Ask each participant to think about this training and share one thing he or she learned about:

- prevention science
- his or her community
- him- or herself.

NOTE: Thank participants for their hard work.

Confirm the next steps, including the date of the Community Board Orientation.

Ask participants to complete the Training Evaluation. Remind participants that they can find a copy of the evaluation form in the pocket of the Participant's Guide.

Notes

Appendix 1:

References

References

- Arthur, M. W., Ayers, C. D., Graham, K. A., & Hawkins, J. D. (in press). Mobilizing communities to reduce risks for drug abuse: A comparison of two strategies. In W. J. Bukoski & Z. Sloboda (Eds.), *Handbook of drug abuse theory, science and practice*. New York: Plenum Press.
- Arthur, M. W., Hawkins, J. D., Pollard, J. A., Catalano, R. F., & Baglioni, A. J. (2002). Measuring risk and protective factors for substance use, delinquency and other adolescent problem behaviors: The Communities That Care Youth Survey. *Evaluation Review*, 26 (6), 575-601.
- Bachman, J. G., Johnston, L. D., & O'Malley, P. M. (1981). Smoking, drinking, and drug use among American high school students: Correlates and trends 1975-1979. *American Journal of Public Health*, 71 (1), 59-69.
- Barnes, G. M., & Welte, J. W. (1986). Patterns and predictors of alcohol use among 7-12th grade students in New York state. *Journal of Studies on Alcohol*, 47, 53-62.
- Battin, S. R., Hill, K. G., Abbott, R. D., Catalano, R. F., & Hawkins, J. D. (1998). The contribution of gang membership to delinquency beyond delinquent friends. *Criminology*, 36 (1), 93-115.
- Battin-Pearson, S. R., Hawkins, J. D., Thornberry, T. P., & Krohn, M. D. (1998). Gang membership, delinquent peers, and delinquent behavior. *Juvenile Justice Bulletin*, October 1998, 1-10.
- Botvin, G. J., Baker, E., Dusenbury, L., Botvin, E. M., & Diaz, T. (1995). Long-term follow-up results of a randomized drug abuse prevention trial in a white middle-class population. *Journal of the American Medical Association*, 273 (14), 1106-1112.
- Botvin, G. J., Baker, E., Filazzola, A. D., & Botvin, E. M. (1990). A cognitive-behavioral approach to substance abuse prevention: One-year follow-up. *Addictive Behaviors*, 15 (1), 47-63.
- Brewer, D. D., Hawkins, J. D., Catalano, R. F., & Neckerman, H. J. (1995). Preventing serious, violent and chronic juvenile offending: A review of selected strategies in childhood, adolescence and the community. In J. C. Howell, B. Krisberg, J. D. Hawkins, & J. J. Wilson (Eds.), *A sourcebook: Serious, violent and chronic juvenile offenders* (pp. 61-141). Thousand Oaks, CA: Sage Publications.
- Brook, J. S., Brook, D. W., Gordon, A. S., Whiteman, M., & Cohen, P. (1990). The psychosocial etiology of adolescent drug use: A family interactional approach. *Genetic, Social, and General Psychology Monographs*, 116 (2), 111-267.
- Brook, J. S., Gordon, A. S., Whiteman, M., & Cohen, P. (1986). Some models and mechanisms for explaining the impact of maternal and adolescent characteristics on adolescent stage of drug use. *Developmental Psychology*, 22 (4), 460-467.
- Catalano, R. F., Arthur, M. W., Hawkins, J. D., Berglund, L., & Olson, J. J. (1998). Comprehensive community- and school-based interventions to prevent antisocial behavior. In R. Loeber & D. P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 248-283). Thousand Oaks, CA: Sage Publications.

References

- Catalano, R. F., & Hawkins, J. D. (1996). The social development model: A theory of antisocial behavior. In J. D. Hawkins (Ed.), *Delinquency and crime: Current theories* (pp. 149-197). New York: Cambridge University Press.
- Catalano, R. F., Hawkins, J. D., Krenz, C., Gillmore, M., Morrison, D., Wells, E., & Abbott, R. (1993). Using research to guide culturally appropriate drug abuse prevention. *Journal of Consulting and Clinical Psychology*, 61, 804-811.
- Cloninger, C. R., Bohman, M., Sigvardsson, S., & von Knorring, A. L. (1985). Psychopathology in adopted-out children of alcoholics: The Stockholm Adoption Study. In M. Galanter (Ed.), *Recent Developments in Alcoholism*, Vol. 3 (pp. 37-51). New York: Plenum Press.
- Coie, J. D., & Krehbiel, G. (1984). Effects of academic tutoring on the social status of low-achieving, socially rejected children. *Child Development*, 55, 1465-1478.
- Covey, S. (1990). *The 7 Habits of Highly Effective People*. New York: Simon and Schuster.
- Eggert, L. L., Thompson, E. A., Herting, J. R., & Nicholas, L. J. (1995). Reducing suicide potential among high-risk youth: Tests of a school-based prevention program. *Suicide and Life-Threatening Behavior*, 25 (2), 276-296.
- Eggert, L. L., Thompson, E. A., Herting, J. R., Nicholas, L. J., & Dicker, B. G. (1994). Preventing adolescent drug abuse and high school dropout through an intensive school-based social network development program. *American Journal of Health Promotion*, 8 (3), 202-215.
- Elliott, D. S., Huizinga, D., & Ageton, S. S. (1985). *Explaining delinquency and drug use*. Thousand Oaks, CA: Sage Publications.
- Eron, L. D., & Huesmann, L. R. (1987). Television as a source of maltreatment of children. *School Psychology Review*, 16 (2), 195-202.
- Farrington, D. P. (1989). Early predictors of adolescent aggression and adult violence. *Violence and Victims*, 4, 79-100.
- Farrington, D. P. (in press). Key results from the first forty years of the Cambridge Study in Delinquent Development. In T. P. Thornberry & M. D. Krohn (Eds.), *Taking stock of delinquency: An overview of findings from contemporary longitudinal studies*. New York: Kluwer/Plenum Press.
- Gottfredson, D. C. (1987). An evaluation of an organizational development approach to reducing school disorder. *Evaluation Review*, 11 (6), 739-763.
- Greenberg, M. T., & Kusche, C. A. (1993). *Promoting social and emotional development in deaf children: The PATHS Project*. Seattle, WA: University of Washington Press.
- Greenberg, M. T., Kusche, C. A., Cook, E. T., & Quamma, J. P. (1995). Promoting emotional competence in school-aged children: The effects of the PATHS Curriculum. *Development and Psychopathology*, 7, 117-136.
- Greenwood, C. R., Terry, B., Utley, C. A., Montagna, D., & Walker, D. (1993). Achievement, placement, and services: Middle school benefits of classwide peer tutoring used at the elementary school. *School Psychology Review*, 22, 497-516.

Appendix 1

References

- Grossman, D. C., Neckerman, H. J., Koepsell, T. D., Liu, P., Asher, K. N., Beland, K., Frey, K., & Rivera, F. P. (1997). Effectiveness of a violence prevention curriculum among children in elementary school. *Journal of the American Medical Association*, 277 (20), 1605-1611.
- Hansen, W. B., Graham, J. W., Sobel, J. L., Shelton, D. R., Flay, B. R., & Johnson, C. A. (1987). The consistency of peer and parent influences on tobacco, alcohol, and marijuana use among young adolescents. *Journal of Behavioral Medicine*, 10 (6), 559-579.
- Harachi, T. W., Ayers, C. D., Hawkins, J. D., Catalano, R. F., & Cushing, J. (1996). Empowering communities to prevent substance abuse: Process evaluation results from a risk- and protection-focused community mobilization effort. *Journal of Primary Prevention*, 16 (3), 233-254.
- Harachi, T. W., Ayers, C. D., Hawkins, J. D., Catalano, R. F., & Cushing, J. (1998). Empowering communities to prevent adolescent substance abuse. *The Prevention Researcher*, 5 (2), 1-4.
- Hawkins, J. D. (1999). Preventing crime and violence through *Communities That Care*. *European Journal on Criminal Policy and Research*, 7, 443-458.
- Hawkins, J. D., Arthur, M. W., & Catalano, R. F. (1995). Preventing substance abuse. In M. Tonry & D. Farrington (Eds.), *Building a safer society: Strategic approaches to crime prevention, crime and justice: A review of research*, Vol. 19 (pp. 343-427). Chicago: University of Chicago Press.
- Hawkins, J. D., Arthur, M. W., & Catalano, R. F. (1997). Six-State Consortium for Prevention Needs Assessment Studies: Alcohol and other drugs. Final report submitted to SAMHSA's Center for Substance Abuse Prevention (CSAP).
- Hawkins, J. D., Arthur, M. W., & Olson, J. J. (1997). Community interventions to reduce risks and enhance protection against antisocial behavior. In D. W. Stoff, J. Breiling, & J. D. Maser (Eds.), *Handbook of antisocial behaviors* (pp. 365-374). NIMH/John Wiley and Sons, Inc.
- Hawkins, J. D., Catalano, R. F., Kosterman, R., Abbott, R., & Hill, K. G. (1999). Preventing adolescent health-risk behaviors by strengthening protection during childhood. *Archives of Pediatric and Adolescent Medicine*, 153, 226-234.
- Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, 112 (1), 64-105.
- Hawkins, J. D., Catalano, R. F., Morrison, D. M., O'Donnell, J., Abbott, R., & Day, L. E. (1992). The Seattle Social Development Project: Effects of the first four years on protective factors and problem behaviors. In J. McCord & R. E. Tremblay (Eds.), *Preventing antisocial behavior: Interventions from birth through adolescence* (pp. 139-161). New York: Guilford Press.

References

- Hawkins, J. D., Herrenkohl, T., Farrington, D. P., Brewer, D., Catalano, R. F., & Harachi, T. W. (1998). A review of predictors of youth violence. In R. Loeber & D. P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 106-146). Thousand Oaks, CA: Sage Publications.
- Herting, J. R., & Guest, A. M. (1985). Components of satisfaction with local areas in the metropolis. *Sociological Quarterly*, 26 (1), 99-116.
- Holder, H. D., & Blose, J. O. (1987). Impact of changes in distilled spirits availability on apparent consumption: A time series analysis of liquor-by-the-drink. *British Journal of Addiction*, 82, 623-631.
- Huesmann, L. R., & Miller, L. S. (1994). Long-term effects of repeated exposure to media violence in childhood. In L. R. Huesmann (Ed.), *Aggressive behavior: Current perspectives* (pp. 153-186). New York: Plenum Press.
- Jenson, J., Hartman, J., & Smith, J. (1997). *An evaluation of Iowa's Juvenile Crime Prevention Community Grant Fund Program*. University of Iowa, School of Social Work.
- Jessor, R., & Jessor, S. L. (1977). *Problem behavior and psychosocial development: A longitudinal study of youth*. San Diego, CA: Academic Press.
- Johnson, G. M., Schontz, F. C., & Locke, T. P. (1984). Relationships between adolescent drug use and parental drug behaviors. *Adolescence*, 19 (74), 295-299.
- Johnston, L. D., O'Malley, P. M., & Bachman, J. G. (1985). *Use of licit and illicit drugs by America's high school students, 1975-1984*. Rockville, MD: NIDA.
- Kandel, D. B. (1982). Epidemiological and psychosocial perspectives on adolescent drug use. *Journal of the Academy of Child Psychiatry*, 21, 328-347.
- Kandel, D. B., & Andrews, K. (1987). Processes of adolescent socialization by parents and peers. *International Journal of the Addictions*, 22 (4), 319-342.
- Kandel, D. B., & Davies, M. (1991). Cocaine use in a national sample of U.S. youth (NLSY): Ethnic patterns, progression, and predictors. In S. Schober & C. Schade (Eds.), *The epidemiology of cocaine use and abuse* (NIDA research monograph 110, ADM 91-1787, pp. 151-188). Washington, DC: USGPO.
- Kandel, D. B., Kessler, R. C., & Margulies, R. S. (1978). Antecedents of adolescent initiation into stages of drug use: A developmental analysis. *Journal of Youth and Adolescence*, 7 (1), 13-40.
- Kellam, S. G., & Rebok, G. W. (1992). Building developmental and etiological theory through epidemiologically based preventive intervention trials. In J. McCord & R. E. Tremblay (Eds.), *Preventing antisocial behavior: Interventions from birth through adolescence* (pp. 162-195). New York: Guilford Press.

References

- Krosnick, J. A., & Judd, C. M. (1982). Transitions in social influence at adolescence: Who induces cigarette smoking? *Developmental Psychology*, 18 (3), 359-368.
- Lally, J. R., Mangione, P. L., & Honig, A. S. (1988). The Syracuse University Family Development Research Program: Long-range impact of an early intervention with low-income children and their families. In D. R. Powell (Ed.), *Parent Education as Early Childhood Intervention: Emerging Directions in Theory, Research, and Practice*, Vol. 3. *Annual Advances in Applied Developmental Psychology* (pp. 79-104). Norwood, NJ: Ablex.
- Lerner, J. V. & Vicary, J. R. (1984). Difficult temperament and drug use: Analyses from the New York longitudinal study. *Journal of Drug Education*, 14 (1), 1-8.
- Liaw, F., Meisels, S. J., & Brooks-Gunn, J. (1995). The effects of experience of early intervention on low birth weight, premature children: The Infant Health and Development Program. *Early Childhood Research Quarterly*, 10 (4), 405-431.
- Lipsey, M. W., & Derzon, J. H. (1998). Predictors of violent or serious delinquency in adolescence and early adulthood: A synthesis of longitudinal research. In R. Loeber & D. P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 86-105). Thousand Oaks, CA: Sage Publications.
- Loeber, R., & Stouthamer-Loeber, M. (1998). Development of juvenile aggression and violence: Some common misconceptions and controversies. *American Psychologist*, 53, 242-259.
- Lonczak, H. S., Abbott, R. D., Hawkins, J. D., Kosterman, R., & Catalano, R. F. (2002). Effects of the Seattle Social Development Project on sexual behavior, pregnancy, birth, and sexually transmitted disease outcomes by age 21 years. *Archives of Pediatrics and Adolescent Medicine*, 156 (5), 438-447.
- Maguin, E., & Loeber, R. (1996). Academic performance and delinquency. In M. Tonry (Ed.), *Crime and justice: A review of research*, Vol. 20 (pp. 145-264). Chicago: University of Chicago Press.
- Moffitt, T. E. (1993). Adolescence-limited and life-course-persistent antisocial behavior: A developmental taxonomy. *Psychological Review*, 100, 674-701.
- Nagin, D., & Tremblay, R. E. (1999). Trajectories of boys' physical aggression, opposition, and hyperactivity on the path to physically violent and nonviolent juvenile delinquency. *Child Development*, 70, 1181-1196.
- Najaka, S. S., Gottfredson, D. C., & Wilson, D. B. (2001). A meta-analytic inquiry into the relationship between selected risk factors and problem behavior. *Prevention Science*, 2 (4), 257-271.
- National Institute on Drug Abuse (1997). *Preventing Drug Use Among Children and Adolescents*. Booklet. NCADI #PHD734. Bethesda, MD: Author.

References

- Newcomb, M. D., & Bentler, P. M. (1986). Substance use and ethnicity: Differential impact of peer and adult models. *Journal of Psychology*, 120 (1), 83-95.
- O'Donnell, J., Hawkins, J. D., Catalano, R. F., Abbott, R., & Day, L. E. (1995). Preventing school failure, drug use, and delinquency among low-income children: Long-term intervention in elementary schools. *American Journal of Orthopsychiatry*, 65 (1), 87-100.
- Office of Juvenile Justice and Delinquency Prevention (1996). *1996 Report to Congress: Title V Incentive Grants for Local Delinquency Prevention Programs*. Washington, D.C.: Author.
- Office of Juvenile Justice and Delinquency Prevention (1997). *1997 Report to Congress: Title V Incentive Grants for Local Delinquency Prevention Programs*. Washington, D.C.: Author.
- Olds, D. L., Henderson, C. R., Cole, R., Eckenrode, J., Kitzman, H., Luckey, D., Pettitt, L., Sidora, K., Morris, P., & Powers, J. (1998). Long-term effects of nurse home visitation on children's criminal and antisocial behavior: 15-year follow-up of a randomized trial. *Journal of the American Medical Association*, 280 (14), 1238-1244.
- Olds, D. L., Henderson, C. R., Tatelbaum R., & Chamberlin, R. (1986). Improving the delivery of prenatal care and outcomes of pregnancy: A randomized trial of nurse home visitation. *Pediatrics*, 77 (1), 16-28.
- Olds, D. L., & Kitzman, H. (1993). Review of research on home visiting for pregnant women and parents of young children. *The Future of Children*, 3 (3), 53-92.
- Pollard, J. A., Hawkins, J. D., & Arthur, M. W. (1999). Risk and protection: Are both necessary to understand diverse behavioral outcomes in adolescence? *Social Work Research*, 23 (3), 145-158.
- Rachal, J. V., Guess, L. L., Hubbard, R. L., & Maisto, S. A. (1982). Facts for planning no. 4: Alcohol misuse by adolescents. *Alcohol Health and Research World*, 6 (3), 61-68.
- Ramey, C. T., Bryant, D. M., Wasik, B. H., Sparling, J. J., Fendt, K. H., & LaVange, L. M. (1992). Infant Health and Development Program for low birth weight, premature infants: Program elements, family participation, and child intelligence. *Pediatrics*, 89 (3), 454-465.
- Reiss, A. J., & Roth, J. A. (1991). *Understanding and preventing violence* (Vol. 1). Washington, DC: National Academy Press.
- Robins, L. N. (1978). Sturdy childhood predictors of adult antisocial behaviour: Replications from longitudinal studies. *Psychological Medicine*, 8 (4), 611-622.
- Robins, L. N. (1980). The natural history of drug abuse. *Acta Psychiatrica Scandinavica*, 62 (Suppl. 284), 7-20.
- Robins, L. N. (1984). The natural history of adolescent drug use. *American Journal of Public Health*, 74 (7), 656-657.

Appendix 1

References

- Robins, L. N., & Ratcliff, K. S. (1979). Risk factors in the continuation of antisocial behavior into adulthood. *International Journal of Mental Health*, 7 (1), 96-116.
- Saffer, H., & Grossman, M. (1987). Beer taxes, the legal drinking age, and youth motor vehicle fatalities. *Journal of Legal Studies*, 16, 351-374.
- Sampson, R. J. (1986). Crime in cities: The effects of formal and informal social control. In A. J. Reiss & M. Tonry (Eds.), *Crime and justice: An annual review of research*, Vol. 8. *Communities and crime* (pp. 271-311). Chicago: University of Chicago Press.
- Sampson, R. J. (1997). Neighborhoods and violent crime: a multilevel study of collective efficacy. *Science*, 277 (5328), 918-925.
- Sampson, R. J., & Lauritsen, J. L. (1994). Violent victimization and offending: Individual-, situational-, and community-level risk factors. In A. J. Reiss & J. A. Roth (Eds.), *Understanding and preventing violence*, Vol. 3. *Social influence* (pp. 1-114). Washington, DC: National Academy Press.
- Shedler, J., & Block, J. (1990). Adolescent drug use and psychological health: A longitudinal inquiry. *American Psychologist*, 45 (5), 612-630.
- Slavin, R. E. (1983). When does cooperative learning increase student achievement? *Psychological Bulletin*, 94, 429-445.
- Slavin, R. E. (1990). *Cooperative learning: Theory, research and practice*. Boston: Allyn and Bacon.
- Smith, G. M., & Fogg, C. P. (1978). Psychological predictors of early use, late use, and nonuse of marihuana among teenage students. In D. B. Kandel (Ed.), *Longitudinal research on drug use: Empirical findings and methodological issues* (pp. 101-113). Washington, DC: Hemisphere.
- Spoth, R., Redmond, C., & Lepper, H. (1999). Alcohol initiation outcomes of universal family-focused preventive interventions: One- and two-year follow-ups of a controlled study. *Journal of Studies on Alcohol Supplement*, 13, 103-111.
- Spoth, R., Redmond, C., & Shin, C. (2001). Randomized trial of brief family interventions for general populations: Adolescent substance use outcomes four years following baseline. *Journal of Consulting and Clinical Psychology*, 69, 627-642.
- Spoth, R., Redmond, C., & Shin, C. (1998). Direct and indirect latent-variable parenting outcomes of two universal family-focused preventive interventions: Extending a public health-oriented research base. *Journal of Consulting Clinical Psychology*, 66, 385-399.
- Thornberry, T. P. (1998). Membership in youth gangs and involvement in serious and violent offending. In R. Loeber & D. P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 147-166). Thousand Oaks, CA: Sage Publications.
- U.S. General Accounting Office (1996). *Juvenile Justice: Status of Delinquency Prevention Program and Description of Local Projects* (Report to the Committee on the Judiciary, U.S. Senate, and the Committee on Economic and Educational Opportunity, House of Representatives. GAO/GGD-96-147). Washington, D.C.: Author.

Appendix 2:

Communities That Care **Milestones and Benchmarks**

Appendix 2

Milestones and Benchmarks

Phase One: Getting Started

Milestones

Organize the community to begin the *Communities That Care* process.

Benchmarks

Designate a single point of contact to act as a catalyst for the process.

Identify a Champion (a community leader) to guide the process.

Inventory existing community services addressing youth and family issues.

Identify a lead agency committed to supporting the project.

Secure a Coordinator/Facilitator (to work at least half time).

Form a core work group to activate the process.

Develop a roster of Key Leaders to involve in the process.

Prepare an initial work plan and time line for getting started.

Identify and secure the resources needed to get started.

Define the scope of the prevention effort.

Define key aspects:

Define the community to be organized.

Identify the health and behavior issues to be addressed.

Agree on what is involved in the “prevention” response.

Identify legislative/funding supports or constraints.

Agree on the Community Board’s role.

Begin to define how the Community Board will operate in the community.

Summarize issues related to the key aspects.

Develop an action plan to address outstanding issues related to the key aspects.

Milestones and Benchmarks

Milestones

Identify community readiness issues.

Benchmarks

Investigate community readiness issues.

Ensure agreement on issues to be addressed.

Ensure that community members have a common definition of “prevention.”

Ensure that the community values collaboration.

Ensure that community-wide support exists for a risk- and protection-focused, data-driven, research-based, outcome-focused prevention approach.

Obtain school district support for the *Communities That Care Youth Survey*. Administer the survey as early as possible.

Plan for coordination among existing initiatives and planning efforts.

Identify community stakeholders.

Identify other community readiness issues.

Analyze and address community readiness issues, or develop a plan for addressing them.

Analyze outstanding community readiness issues.

Address “show-stopper” issues (critical to moving forward).

Develop an action plan for addressing outstanding community readiness issues.

The community is ready to move to Phase Two: Organizing, Introducing, Involving.

Develop a work plan for moving to Phase Two: Organizing, Introducing, Involving.

Identify and secure the resources needed for Phase Two.

Appendix 2

Milestones and Benchmarks

Phase Two: Organizing, Introducing, Involving

Milestones

Engage Key Leaders
(positional and informal).

Benchmarks

Hold the Key Leader Orientation.

Obtain formal Key Leader commitment.

Identify the role of Key Leaders.

Identify a Key Leader Board (a core group of Key Leaders).

Develop a plan for communication between the Community Board and Key Leaders.

Solicit Key Leader input on potential Community Board members.

Obtain necessary memoranda of agreement or joint-operating agreements from relevant stakeholder groups.

Develop a Community Board to facilitate assessment, prioritization, selection, implementation and evaluation of tested, effective programs, policies and practices.

Identify and recruit a diverse, representational group of potential Community Board members.

Hold the Community Board Orientation.

Ensure that Community Board members understand their roles and responsibilities.

Establish an organizational structure (including leadership roles and committee and/or work-group structures).

Define the Community Board's relationship with other coalitions and collaboratives.

Develop a formal method of communication among the Coordinator/Facilitator, Community Board members and the Key Leader Board.

Ensure the development and approval of an initial work plan and time line for implementation by stakeholders.

Develop a documentation mechanism for the *Communities That Care* process.

Milestones and Benchmarks

Milestones

Educate and involve the community in the *Communities That Care* process.

Benchmarks

Develop a vision statement with input from Key Leaders, the Community Board and community members. Share the statement with community members.

Inform community members of the *Communities That Care* process.

Develop mechanisms for involving community members.

Create a plan for involving youth.

Ensure that the Community Board has developed a process for ongoing communication with the community.

Develop an orientation mechanism for new Key Leaders and Community Board members.

The community is ready to move to Phase Three:
Developing a Community Profile.

Create an initial work plan and time line for Phase Three:
Developing a Community Profile.

Identify and secure the resources needed for Phase Three.

Appendix 2

Milestones and Benchmarks

Phase Three: Developing a Community Profile

Milestones

The Community Board has the capacity to conduct a community assessment and prioritization.

Collect community assessment information and prepare it for prioritization.

Prioritize populations or geographic areas for preventive action, based on risk- and protective-factor data.

Benchmarks

Create a Risk- and Protective-Factor Assessment work group to conduct data collection and analysis.

Hold the Community Assessment Training.

Ensure that the work group has the appropriate skills and expertise.

Develop a work plan and time line for data collection and analysis.

Identify and secure the resources needed for the assessment process.

Ensure that the *Communities That Care Youth Survey* has been conducted.

Collect archival data as needed to supplement the *Communities That Care® Youth Survey*.

Prepare the *Communities That Care® Youth Survey* and archival data for prioritization.

Identify populations with high levels of risk and low levels of protection.

Identify geographic areas with high levels of risk and low levels of protection.

Milestones and Benchmarks

Milestones	Benchmarks
Identify priority risk and protective factors.	<p>Decide who will be involved in the prioritization process.</p> <p>Identify priority risk and protective factors.</p> <p>Brief Key Leaders on the community assessment results.</p> <p>Prepare and distribute the Community Assessment Report.</p>
Conduct a resources assessment and gaps analysis.	<p>Create a Resources Assessment and Evaluation work group to conduct the resources assessment and gaps analysis.</p> <p>Involve service providers and other youth service agencies in the resources assessment.</p> <p>Hold the Community Resources Assessment Training.</p> <p>Identify and assess existing policies, programs and practices that address the priority risk and protective factors.</p> <p>Identify gaps in services.</p> <p>Brief Key Leaders on the resources assessment and gaps analysis results.</p> <p>Prepare and distribute the Resources Assessment Report.</p>
The community is ready to move to Phase Four: Creating a Community Action Plan.	<p>Develop an initial work plan and time line for Phase Four: Creating a Community Action Plan.</p> <p>Identify and secure the resources needed for Phase Four.</p>

Appendix 2

Milestones and Benchmarks

Phase Four: Creating a Community Action Plan

Milestones	Benchmarks
The Community Board has the capacity to create a focused Community Action Plan.	<p>Hold the Community Planning Training.</p> <p>Ensure that the Community Board has the necessary skills and expertise to support plan development.</p> <p>Engage all stakeholders whose support is required to implement the plan.</p> <p>Create appropriate work groups to support plan development.</p> <p>Develop a work plan and time line for plan creation.</p> <p>Identify and secure the resources needed for plan development.</p>
Specify the desired outcomes of the plan, based on the community assessment data.	<p>Specify desired outcomes (long-term goals) for youth development.</p> <p>Specify desired outcomes for risk and protective factors.</p>
Select tested, effective programs, policies and practices to address priority risk and protective factors and fill gaps.	<p>Specify the population or geographic area to be addressed.</p> <p>Investigate tested, effective programs, policies and practices for each priority risk and protective factor.</p> <p>Involve Key Leaders, Community Board members, service providers, youth and community members in selecting tested, effective programs, policies or practices.</p> <p>Select tested, effective programs, policies or practices for each priority risk and protective factor.</p> <p>Engage organizations, agencies or groups to be involved in implementing each new program, policy or practice; obtain their commitment to implementation.</p> <p>Identify desired program and participant outcomes for each program, policy or practice.</p>

Milestones and Benchmarks

Milestones	Benchmarks
Develop implementation plans for each program, policy or practice selected.	<p>Develop preliminary tasks, a time line and a budget for each new program, policy or practice.</p> <p>Identify training and/or technical assistance needed for each new program, policy or practice.</p> <p>Identify the resources needed to implement each new program, policy or practice.</p> <p>Identify potential funding sources and allocation strategies for each program, policy or practice.</p> <p>Involve youth in implementation planning as appropriate.</p>
Develop an evaluation plan.	<p>Develop a work plan and time line for the collection of problem-behavior, risk-factor and protective-factor data from participants every year, to measure progress toward the desired outcomes. Consider using the <i>Communities That Care® Youth Survey</i> to measure progress.</p> <p>Develop a work plan and time line for the collection of program and participant outcome data for each new program, policy or practice.</p>
Develop a written Community Action Plan.	<p>Ensure that Key Leaders, Community Board members and community members endorse the plan.</p> <p>Distribute the plan throughout the community.</p>
The community is ready to move to Phase Five: Implementing and Evaluating the Community Action Plan.	<p>Develop an initial work plan and time line for Phase Five: Implementing and Evaluating the Community Action Plan.</p> <p>Identify and secure the resources needed for Phase Five.</p>

Appendix 2

Milestones and Benchmarks

Phase Five: Implementing and Evaluating the Community Action Plan

Milestones	Benchmarks
Specify the role of the Key Leader Board, Community Board and stakeholder groups in implementing and evaluating the plan.	<p>Clarify plan-implementation roles and responsibilities for individual Key Leaders, Community Board members and service providers.</p> <p>Develop collaborative agreements with implementing organizations and providers.</p> <p>Hold the Community Plan Implementation Training.</p> <p>Ensure that the Community Board has the necessary skills and expertise to support plan implementation and evaluation.</p> <p>Develop appropriate committees or work groups to support plan implementation and evaluation.</p> <p>Engage and orient new Key Leaders, Community Board members and stakeholders to the <i>Communities That Care</i> process.</p> <p>Establish partnerships with outside evaluators as needed.</p>
Implementers of new programs, policies or practices have the necessary skills, expertise and resources to implement with fidelity.	<p>Ensure that implementers have received the necessary training and technical assistance.</p> <p>Ensure that funding has been acquired to support the implementation of each new program, policy or practice.</p>
Implement new programs, policies and practices with fidelity.	<p>Ensure that implementers have the necessary skills and tools to measure implementation fidelity.</p> <p>Ensure that the program, policy or practice reaches the targeted population.</p> <p>Ensure that the program, policy or practice includes sufficient timing, intensity and duration to achieve the desired results.</p> <p>Ensure that the program, policy or practice achieves the desired program and participant outcomes.</p>

Milestones and Benchmarks

Milestones

Conduct program-level evaluations at least annually.

Conduct community-level assessments at least every two years.

Share and celebrate observed improvements in risk and protective factors and child and adolescent well-being.

Benchmarks

Measure program and participant outcomes.

Collect baseline, mid- and post-project evaluation data.

Refine programs, policies and practices based on the data.

Ensure that the Key Leader Board and Community Board review the plan every year.

Ensure that the assessment of risk factors, protective factors and problem behaviors is reviewed at least every two years. Readministration of the *Communities That Care*® Youth Survey, for example, can assist this review.

Refine the plan based on the assessment results.

Share community and program-level evaluation results with the Community Board, the Key Leader Board and community members at least annually.

Share community-level evaluation results after readministration of the *Communities That Care*® Youth Survey.

Notes